

Applicant(s)

10/6/2/46

| CLAIMS | AS FILED 9/21/05 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|---------------------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | / | | | | | |
| 2 | | / | | | | |
| 3 | X | X | | | | |
| 4 | | / | | | | |
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| 8 | | / | | | | |
| 9 | X | X | | | | |
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| 14 | | / | | | | |
| 15 | X | X | | | | |
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| 29 | X | X | | | | |
| 30 | | / | | | | |
| 31 | X | X | | | | |
| 32 | | / | | | | |
| 33 | X | X | | | | |
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| Total Indep | 12 | | | | | |
| Total Depend | 16 | | | | | |
| Total Claims | 28 | | | | | |

* May be used for additional claims or amendments

| | Indep | Depend | Indep | Depend | Indep | Depend |
|--------------|-------|--------|-------|--------|-------|--------|
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| 100 | | | | | | |
| Total Indep | | | | | | |
| Total Depend | | | | | | |
| Total Claims | | | | | | |